

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE RECEIVED STATE PUBLIC HEALTH LABORATORY

By Carol Day at 2:42 pm, Feb 11, 2014

「ASSESSELLY TNAOX ROA	=			
Valifice ANTONE MC	/IR II MAINTENA	ANCE REPORT		REPORT
Complete this report at th	e time of the regular	monthly preventive mai	ntenance check (not to exceed 35	VOEAV
days). Complete this repor	t whenever the instru	ment is serviced or ren	aired and whenever it is placed	
into service. Retain the o	original and send a cop	py within 15 days to th	e Breath Alcohol Program, DHSS.	
INTOX EC/IR II SN	NAME OF AGENC	Y	DATE OF INSPECTION	· · · · · · · · · · · · · · · · · · ·
12675		Police Dept.	02/11/2014	
LOCATION OF INSTRUMENT (STREET			TIME OF INSPECTION	
415 Elm Grove Lane Hazelwood			13:40 CST	
CHECKLIST: Place a mark in	the box by each item	if found to be satisfac	ctory or is operating within	······································
established limits. (Write	in observed values wh	nere determined). Unman	rked items must be corrected	
perore using instrument.				
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP	X FLOW CHECK			
X SRC TEMP		X FCB CHECK		
X DET TEMP				
	7000 to 1000 to	X CRC COMP CHE		
l <b></b>	X BT TEMP X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY	STANDARDS			
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTURE	, mos. 440.0
X STANDARD SUPPLIER.	AIR GAS	LOT# AG400803		
SIMULATOR TEMP (34°C +			EXP. DATE 01/08/2016	
	0.2 0,	SIMULATOR S/N	SIMULATOR EXP DATE	
X CALIBRATION CHECK - (O	NLY ONE STANDARD IS	TO BE USED PER MAIN	TENANCE REPORT)	
Run three tests using a	a standard solution	. All three tests mu	ist he within its of the annual	
and must have a spread		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Markettin and Of the Standard	
	OF 1005 OF TESS.	Mark the box correspo	onding to the standard solution be	value
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X 0.10% STANDARD - MUST	HED) T READ BETWEEN 0.099	Mark the box corresposes and 0.105% inclusion	onding to the standard solution be	value ing
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Breath Alcohol Program, Missouri Department of Health and Senior Services, Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

## **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 8-Jan-2014

Lot # AG400803

Exp. Date 8-Jan-2016

Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2014.01.09 09:42:24-06:00 Reason: Dry gas standard certification of analysts Location: Airgas USA LLC (Lab)

Analyst:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

### ANTHONY T KRISTO

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

### DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE11/26/2013	Wante		
22226	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230269	Dal Vasterly		
EXPIRES 11/26/2015	,acting director		
140 cA0 870 t A A0	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
MO 580-0771 (6-10)	LAB-4 (R6-10)		



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD** 

The named cardholder is authorized to operate an evidential breath elcohol instrument for the determination of the alcoholic content in breath form of expired at in Missouri.

Operator KRISTO, ANTHONY

Permit No 230269

Date Issued 11/26/2013 Date Expires 11/26/2015